

See Instructions and *Privacy Statement on separate docushare document

CLAIMANT'S NAME William Douglas Hoffner						SSAN OR EMPLOYEE NUMBER*						DEPARTMENT Labor & Workforce Development Ag											
POSITION				BARGAINING UNIT				DIVISION OR BUREAU Office of the Secretary						EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25									
RESIDENCE ADDRESS*								HEADQUARTERS ADDRESS 801 K Street, Suite 2101								TELEPHONE NUMBER 916-327-9064							
CITY CA				STATE CA				ZIP CODE 				CITY Sacramento				STATE CA				ZIP CODE 95814			
(1) MONTH/YEAR 01/2010		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS BREAKFAST LUNCH O.T., LT, RELO. or DINNER			(6) INCIDENTALS	(7) COST OF TRANS		(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY							
Date	Time																						
27	0700 1330	Elk Grove - Sac-Richmond-Sac									PC	4.00	145	\$72.470		76.470							
(10) SUBTOTALS												4.00	145	\$72.470		\$76.47							
COLUMN CODE (ACCTG. USE ONLY)																							
CLAIM TOTAL															\$76.47								
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary Description/ Cost Center Exp. Code Debit Amount Project Code Activity Code For Fiscal Use Only								(12) NORMAL WORK HOURS											
1/27 SunPower Systems in Richmond w/Governor to highlight CA Jobs Initiative												(13) PRIVATE VEHICLE LICENSE											
												(14) MILEAGE RATE CLAIMED \$0.500											
NOTE: EARLY MORNING EVENT IN BAY AREA REQUIRED DRIVING OWN CAR												AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER											
				Total Document Reference Prepared By																			
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.																							
CLAIMANT'S SIGNATURE [Signature]				DATE 2/3/10				(1) [Initials]					DATE 2-9-10										
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)																							
DATE																							